

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NR
OF COPIES REC'D
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Workover		5. LEASE DESIGNATION AND SERIAL NO. NM 664
2. NAME OF OPERATOR YATES PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 2130' FEL, Sec. 3-24S-24E		8. FARM OR LEASE NAME Lechuguilla Canyon DK Federal
14. PERMIT NO. 30-015-24049		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4028.9' GR		10. FIELD AND POOL, OR WILDCAT Crooked Creek Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit J, Sec. 3-T24S-R24E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(Other) Workover to install siphon string

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well loads up with water and condensate when shut in and is difficult to kick off again. Propose to run 1.25" coiled tubing siphon string which will allow well to flow against 600 psi EPNG line pressure and should allow well to unload after being shut in.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Production Supervisor

DATE 3-13-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 4/1/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side